



January 29, 2106

Health Policy Commission  
Attn: Catherine Harrison  
50 Milk Street, 8<sup>th</sup> Floor  
Boston, MA 02109

To Whom It May Concern:

The 52,000 home care, hospital, and nursing home workers of 1199SEIU consistently advocate for a broad state budget, legislative and policy agenda. We are also firmly committed to supporting a broad range of health care delivery and payment system reforms, including those that address wide price disparities in the private market. The creation, certification and regulation of Accountable Care Organizations (ACOs), along with related but broader reform and restructuring efforts, are central to furthering these 1199SEIU priorities.

We write today to offer public comment on the Health Policy Commission's proposed ACO certification standards and the associated documentation requirements. Generally, we strongly support health care reforms, including the ACO model, which promote better, more integrated care at lower cost. 1199SEIU is committed to working with the state and all stakeholders in support of a restructured Medicaid delivery and payment system that provides quality care to all consumers, supports person-centered care, helps reduce health care cost growth, and maximizes the contribution and value offered by 1199SEIU home care, nursing home and acute care workers.

With regard to the ACO certification standards under review and health care reform more generally, we seek to ensure that the ACO system promotes person-centered, appropriate, pragmatic and cost-effective reforms that are in harmony with the following 1199SEIU reform principles and priorities:

- **Health Care Worker Engagement:** ACO certification standards shouldn't even unintentionally place the burden of reform on the backs of community providers and their workforces who are each already struggling financially. With a commitment to sufficient staffing and appropriate re-training, the health care workforce can and should be an indispensable partner for reform.
- **Fair Provider Payments:** ACO provider rates and any alternative payment methodologies must cover the cost of care. In addition, the ACO system must include necessary transparency rules and encourage payers/providers to go beyond historic spending in rate setting. Ultimately, ACO certification and related regulations ought to be designed to serve as a counter-balance to price disparities in the private insurance marketplace while ensuring fair provider payments that enable providers to pay living wages.
- **Long Terms Supports & Services (LTSS) Integration:** Massachusetts' home care workforce, particularly the state's Personal Care Attendants (PCAs), must be fully integrated in to newly established care teams and delivery systems. The Health Policy Commission, ACOs and payers should all work to incorporate enhanced roles for PCAs and other home care workers into emerging care coordination models. We also strongly support full funding for the LTSS care management services provided by the ASAPs, for the dual eligible plans and for other related plans/entities.

Addressing the proposed ACO certification framework, standards, individual criteria and documentation requirements directly, we make the following comments and recommendations:

#### 1-6. Legal and Governance Structures

The new ACOs must be granted sufficient flexibility in creating their legal/governance structures to allow them to innovate and maximize care integration. At the same time, we believe that the governance structure criteria in these standards could and should be improved by requiring that ACOs provide for more meaningful participation by their direct care workforce in their governance structures. ACOs could a should be required to engage their workforces through the creation of a strong labor-management committee, inclusion of at least one worker on the ACO's quality control committee or otherwise (Criteria #4). We also support mandated meaningful inclusion of patient/consumer as well as community provider representatives in the ACO governance structure and would encourage further strengthening that provision to require that at least one health care consumer and one community-based provider are voting members of the ACO's Board of Directors (Criteria #3).

#### 7-8. Risk Stratification & Population Specific Interventions

We recommend that the Health Policy Commission careful consider whether the level of specificity required for reporting on these methodologies is appropriate and consistent with the legitimate ACO interests in preserving trade secrets and retaining necessary flexibility to innovate. The ACOs approach to risk stratification will be essential to improving population health management, a main end goal of the proposed reforms, so the state should be very careful to avoid unnecessary limitations on the ACOs approaches for risk stratification. That said, we would support ACOs including a consumer's ADL/IADL assessment within their risk stratification elements even before long term supports and services (LTSS) become fully integrated services (Criteria #7).

#### 9-10. Cross continuum network: Access to BH & LTSS Providers

Demonstrating and continually assessing the effectiveness of ongoing collaborations within an ACO's provider network must be an essential top priority for all ACOs. Therefore, 1199SEIU supports the proposed certification standards in this area. In addition, however, the HPC should also require the ACOs to do more to support person-centered care and to ensure full access to a range of community-based LTSS, including the PCA program. As was established in the existing One Care program, we would strongly encourage the HPC to require that ACOs contract with an independent, conflict-free LTSS care coordinator to further ensure that ACO enrollees have full access to the LTSS that will allow them to live independent lives in their own homes and communities (Criteria #9).

#### 13. Analytic Capacity

Robust analytic capacity and regularly performing cost, utilization and quality analyses are crucial components of the new ACO model. Without strong analytics, ACOs simply won't be able to improve care integration, improve quality or lower the cost of care. Therefore, we are supportive of the standards included under this criteria, especially the proposed documentation requirements that ACOs demonstrate that internal analyses are share across the ACOs entire provider network. This will help ensure that all participating providers are assisting in meeting cost and quality improvement targets.

#### 14. Patient and Family Experience

1199SEIU supports strong standards to promote ACO enrollee engagement and activation in their own care. In addition, this criteria could and should be strengthened to require that ACOs more actively promote shared decision-making, self-management of care, quality measures that prioritize the enrollee's own evaluations of their care (Criteria 14)

## 21. Consumer Price Transparency

In addition to the proposed attestations, we would also support additional documentation requirements to ensure that the ACOs provide a full description and examples of their processes and on their compliance with state laws requiring consumer price transparency. We would recommend that certified ACOs submit policies and procedures or comparable documents describing protocols for further price transparency (Criteria #21). As the state considers additional laws and regulations to reduce hospital price disparities including the 1199SEIU-proposed *Fair Care* ballot initiative/legislation, it is very important that the new ACOs are fully transparent in this area.

## 23-26. Care Coordination

The ACOs care coordination systems are clearly essential to the success of the developing and reformed health care delivery system. It's understandable, then, that the HPC has included a broad range of documentation requirements in this area. However, we would encourage the HPC to carefully review these standards before they are finalized. Most importantly, the HPC should incorporate suggestions for specific changes and other comments from potential ACO providers and to ensure that the extensive documentation requirements are not inconsistent with providers' rights to preserve trade secrets.

## 32-33. EHR Interoperability Commitment

1199SEIU recognizes the profound importance of ACO adoption and integration of a comprehensive Electronic Health Record system to ensure that the ACO's network and out-of-network providers are providing truly integrated care. However, we would recommend inclusion of additional patient and consumer protections in this criteria. At a minimum, ACOs should be required to attest to a data sharing system that allows individual patients/consumers full electronic access to their own medical records. The HPC should also consider mandating that ACOs include the ability for patients and consumers to limit the distribution of their own medical record, particularly if and when the EHR includes highly sensitive behavioral health record.

Thank you for your time and attention. We appreciate the opportunity to offer these public comments and to otherwise participate in the excellent stakeholder process that has preceded and continues within the development of these ACO certification standards. We look forward to continuing our work with the Health Policy Commission on these important reforms.

Sincerely,

Tyrek D. Lee, Sr.  
Executive Vice President  
1199SEIU- Massachusetts